Metropolitan Transit System

PERSONS WITH MEDICAL DISABILITIES

APPLICATION FOR REDUCED FARE

(Long Form)

Print Form

MTS will notify you if your application is **approved within 10 working days contingent upon confirmation from your physician or licensed health care provider** (if required). Once your application is approved and notice is received, you may go to The Transit Store to have your photograph taken, pay for, and pick up your MTS Disabled ID Card. MTS reserves the right to make a final determination of eligibility of disabled identification cards. Applications are for internal use only and will not be subject to public review. Should an application be denied, an appeal may be filed with MTS or the applicant may resubmit. A parent or legal guardian must sign for applicants under 18 years of age.

Last Name _____ First Name _____ Middle Initial _____ Birth Month / Day / Year _____

Mailing Address _____ City _____ State _____ ZIP Code _____

E-mail Address _____ Phone Number w/ Area Code _____

1. CHECK THE APPROPRIATE BOX BELOW

☐ **New Card**. If you have not had an MTS Disabled ID Card before, check this box. The cost is $7. You must have your physician or licensed health care provider complete and sign page 2.

☐ **Renewal Card.** If your MTS Disabled ID Card is expiring, please check this box. The cost is $7. You must have your physician or licensed health care provider complete and sign the back of this application.

☐ **Replacement Card.** If your MTS Disabled ID Card was lost or stolen, check this box. The cost of a replacement card is $7.

2. READ AND SIGN/DATE

I certify to the best of my knowledge that the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated.

I understand that my MTS Disabled ID Card is not transferable to other persons and that MTS reserves the right to determine qualifications for issuing cards in accordance with the terms and conditions listed on the application instruction sheet. I understand the MTS Disabled ID Card is valid until the date printed on the card and that I must reapply at that time if I wish to continue my eligibility with the MTS Disabled ID Card program. I understand that on the bus, I must tap my MTS Disabled ID Card on the farebox or card reader and for the trolley, I must tap the station validator to be eligible for the reduced fare.

I understand that the information on this application will be kept confidential by the professionals involved in evaluating my eligibility. I understand that MTS will contact the physician or licensed health care provider on the back of this form to verify my qualifying disability. I authorize the certifying physician or licensed health care provider to provide all information needed to MTS in determining my eligibility for the MTS reduced fare program.

***I have read and understand the Instruction Sheet. I understand that until my MTS Disabled ID Card is approved, I will need to purchase the regular adult fare. (A parent or legal guardian must sign for applicants under 18 years of age.)**

***Original** Signature (copies/faxed signatures NOT accepted) _____ Date of Signature _____

3. RETURN THIS APPLICATION

By Mail:
Disability ID Card c/o MTS
1255 Imperial Avenue, Suite 1000
San Diego, CA 92101

-or-

In Person:
10th Floor at MTS
1255 Imperial Avenue, Suite 1000
San Diego, CA 92101

PHYSICIAN'S STATEMENT OF MEDICAL DISABILITY ELIGIBILITY

Print Applicant's Name: _____

MUST BE COMPLETED BY THE QUALIFYING PHYSICIAN OR LICENSED HEALTH CARE PROVIDER TREATING YOU FOR THIS CONDITION

To qualify for MTS's Reduced Fare ID Card, your client/patient listed on the front of this application must have physical or mental condition(s) that fall within the medical eligibility criteria listed below that substantially limits a major life activity, such as caring for one's self, walking, seeing, hearing, speaking, breathing, learning, and/or working, and that further meets the legal standard for reduced-fare eligibility.

Is the disability permanent?: ☐ Yes ☐ No - if **No**, **HOW LONG** do you expect disability to last?* _____

***Note**: If a disability is temporary, it must last for at least 90 days to be eligible for a reduced fare.

Please check **ALL** that apply:

☐ NONAMBULATORY (See No. 1 on the "List of Qualifying Disabilities" on page 4)

SEMIAMBULATORY PHYSICAL DISABILITIES - Categories 2 through 7 on the List of Qualifying Disabilities on page 4

☐ ARTHRITIS (See No. 2 on page 4)

☐ CARDIOPULMONARY DISEASE (See No. 3 page 4)

☐ CEREBROVASCULAR ACCIDENT (See No. 4 on page 4)

☐ DIALYSIS (See No. 5 on page 4)

☐ LOSS OF EXTREMITIES (See No. 6 on page 4)

☐ RESTRICTED MOBILITY (See No. 7 on page 4)

☐ SIGHT DISABILITIES (See No. 8 on the "List of Qualifying Disabilities" on page 4)

☐ HEARING DISABILITIES (See No. 9 on page 4)

MENTAL DISABILITIES - Categories 10 through 14 on the List of Qualifying Disabilities on page 4

☐ INTELLECTUAL DISABILITY OR DEVELOPMENTALLY DISABLED (No. 10 page 4)

☐ AUTISM (See No. 11 on page 4)

☐ NEUROLOGICAL DISABILITIES (See No. 12 on page 4)

☐ EPILEPSY (See No. 13 on page 4)

☐ *MENTAL DISORDERS - A principal diagnosis from the DSM IV classification in one of the following areas is required for eligibility: Organic Mental Disorders, Schizophrenic Disorders, Paranoid Disorders, Psychotic Disorders not elsewhere classified, Dissociative Disorders, Psychological Factors affecting physical condition, & Post-Traumatic Stress Syndrome. (See No. 14 on page 4)

***PATIENT MUST HAVE A GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE OF 50 OR BELOW.**

DISABILITY BENEFIT RECIPIENT - Categories 15 & 16 on List of Qualifying Disabilities on page 4

☐ DISABLED VETERAN. (See No. 15 on page 4)

☐ **OTHER DISABILITY**. (See No. 16 on page 4) If your patient does not fall under one of the categories above. Any other temporary or permanent disability that would significantly affect the applicant's ability to effectively use mass transportation services or a mass transportation facility without special facilities, planning, or design, such as caring for one's self, walking, seeing, hearing, speaking, breathing, learning, and/or working, and that further meets the legal standard for reduced-fare eligibility.

LIST OTHER DISABILITY AND DESCRIBE (REQUIRED): _____

LEARNING DISABILITIES - Category 17 on List of Qualifying Disabilities on page 4

☐ LEARNING DISABILITIES. (See No. 17 on page 4) Describe the learning disability and explain why it requires the applicant to need special training or assistance when utilizing MTS fixed-route transit services **(REQUIRED):**

_____

PLEASE DO NOT SUBMIT APPLICATIONS FOR INDIVIDUALS WHO DO NOT QUALIFY FOR A MEDICAL DISABILITY REDUCED FARE. REDUCED FARE ID CARDS ARE NOT ISSUED FOR SOCIOECONOMIC PURPOSES. The medical disability must be identified in Title 49 Section 37.3 of the Code of Federal Regulations and must further meet the state and federal requirements for reduced fare eligibility. Not all disabilities under Section 37.3 qualify an individual to receive a reduced transit fare. For example, pregnancy, obesity, drug addiction, and alcohol addiction, taken alone, do not qualify an individual for a reduced transit fare. Please see the MTS handout "Explanation of Reduced Fare Benefits for Individuals with Disabilities" for an explanation of the disabilities that qualify an individual for reduced fare on MTS's transit system.

Physician's Name **(ONLY qualified professionals as listed on page 4 of 6)** _____

Physician's License Number **(REQUIRED)** _____

Office Street Address _____ Suite _____

City, State, ZIP Code _____

Phone Number w/ Area Code _____ Extension _____

Fax Number w/Area Code _____

➡ I certify that I am a legally licensed physician by the State of California. **I am currently treating** _____ **(REQUIRED)** for a qualifying disability, the applicant is disabled as defined by the above criteria, & the information I have provided is true & correct **under penalty of perjury** according to the laws of the State of California.

Authorized Signature (**MUST BE AN ORIGINAL - COPIES/FAXED SIGNATURES NOT ACCEPTED**) _____

Date _____

PLEASE MAKE A COPY FOR YOUR PATIENT'S FILE; MTS WILL CALL TO VERIFY THAT YOU HAVE APPROVED THE DISABILITY

FOR MTS INTERNAL USE ONLY

Verified by _____ Date _____ Staff Initials _____

1255 Imperial Avenue, Suite 1000
San Diego, CA 92101-7490
(619) 231-1466

APPLICATION FOR REDUCED FARE (Long Form)

Persons with Medical Disabilities

INSTRUCTION SHEET

Thank you for your interest in MTS's Reduced Fare Program. This program provides a reduced MTS fare for eligible customers. **This application is only for persons with disabilities who do not have Medicare, SSI, or SSD and are not age 60 and over. If you need to replace a lost or stolen MTS Compass Card picture ID, skip this form and call 511 or visit The Transit Store. If you are trying to replace a lost or stolen non-Compass MTS Disabled ID card, you MUST complete this form (or the short form if you qualify).**

THE APPLICATION PROCESS

1. Complete and sign the front of the application; and
2. Have your physician or licensed health care professional* (see page 4) who is treating you for the qualified disability complete page 2 of this application.

RETURNING THE APPLICATION

Return completed application (with Physician's Statement of Medical Disability Eligibility)
by hand (come to the 10th floor) - or - by mail to:

DISABILITY ID CARD c/o MTS
1255 IMPERIAL AVE. SUITE 1000, SAN DIEGO CA 92101

NOTIFICATION OF APPROVAL

MTS will notify you if your application was approved within 10 working days contingent **upon verification by your physician or licensed health care provider**. (To be notified via e-mail, please be sure to provide an e-mail address on page 1 of this application.) Once your application is approved and notice is received, you may go to The Transit Store to have your photograph taken and pay for and pick up your ID card.

Until your application is approved, you must purchase a regular fare (cash or pass).

MTS reserves the right to make a final determination of eligibility of disabled identification cards. Applications are for internal use only and will not be subject to public review. Should an application be denied, an appeal may be filed with MTS or you may resubmit your application.

BRING THE FOLLOWING WHEN PICKING UP AN APPROVED DISABLED COMPASS CARD

1. Your current state or government-issued photo ID that shows your date of birth (state driver's license, state ID card, or passport). Photocopies will not be accepted.
2. Correct processing fee ($7 for new or renewal cards payable by cash, money order, check, traveler's cheque, commuter check voucher, Visa, or MasterCard only).

Inaccurate or incomplete information on the application, failure to provide required identification, or inability to verify physician/licensed health care provider's certification may result in the inability to issue the MTS Disabled Compass Card within 10 days.

LIST OF QUALIFYING DISABILITIES	TYPE OF LICENSED HEALTH CARE PROFESSIONAL* AUTHORIZED TO COMPLETE THE CERTIFICATION
1. NONAMBULATORY. Impairments (such as an anatomical loss or paralysis) that require use of a wheelchair.	1. Licensed physician (MD or DO) or podiatrist
2. ARTHRITIS. American Rheumatism Assoc. may be used as a guideline for determination of arthritic disability Therapeutic Grade III, Functional Class III, Anatomical State III, or worse as evidence of arthritic disability.	2. Licensed physician (MD or DO) or podiatrist
3. CARDIOPULMONARY DISEASE. Cardiopulmonary disease. Serious loss of heart or lung reserves as shown by X-ray, EKG, or other tests and, in spite of medical treatment, there is breathlessness, pain, or fatigue. Requires impairment at Class III or IV level.	3. Licensed physician (MD or DO)
4. CEREBROVASCULAR ACCIDENT. Ongoing debilitating effects following occurrence of cerebrovascular accident (stroke) or cerebral palsy.	4. Licensed physician (MD or DO)
5. DIALYSIS. Individual who must use a kidney dialysis machine in order to live.	5 .Licensed physician (MD or DO)
6. LOSS OF EXTREMITIES. Anatomical deformity of or amputation of hand(s) and/or feet or loss of major function.	6. Licensed physician (MD or DO) or podiatrist
7. RESTRICTED MOBILITY. Disabilities requiring the permanent use of a cane, crutches, long leg brace, or other orthopedic appliances to assist an individual in moving about.	7. Licensed physician (MD or DO) or podiatrist
8. SIGHT DISABILITIES. Result in the better eye, after best correction, which is 20/200 or less; or those individuals whose visual field is contracted (commonly known as tunnel vision): a) to 10 degrees or less from a point of fixation; or b) so the widest diameter subtends an angle no greater than 20 degrees; and c) who are unable to read information signs or symbols for other-than-language reasons.	8. Licensed physician (MD or DO)
9. HEARING DISABILITIES. Impairment due to deafness or hearing incapacity that makes it impossible to communicate or hear warning signals where the hearing loss is 70 dB(A) or greater in the 500, 1000, and 2000 Hz ranges.	9. Licensed physician (MD or DO) or licensed audiologist*
10. INTELLECTUAL DISABILITY OR DEVELOPMENTALLY DISABLED. Result in subaverage general intellectual functioning originating during the developmental period or from illness or accident later in life associated with impaired adaptive behavior.	10. Licensed physician (MD or DO), licensed psychologist*, or licensed psychiatrist*
11. AUTISM. Monotonously repetitive motor behavior, severe withdrawal, inappropriate response to condition stimuli, and very inadequate social relationships.	11. Licensed physician (MD or DO), licensed psychologist*, or licensed psychiatrist*
12. NEUROLOGICAL DISABILITIES. (1) Substantial functional motor deficits in any of two extremities, loss of balance and/or cognitive impairments 3 months post stroke; or (2) Difficulty with coordination, communication, social interaction and/or perception, functional motor deficits, or significantly reduced mobility that result from a brain, spinal, or peripheral nerve injury or illness. A specific diagnosis is required.	12. Licensed physician (MD or DO), licensed psychologist*, or licensed psychiatrist*
13. EPILEPSY. Grand mal or psychomotor. Persons seizure-free for continuous period of six months disqualified.	13. Licensed physician (MD or DO), licensed psychologist*, or licensed psychiatrist*
14. MENTAL DISORDERS. Individuals whose mental impairment substantially limits one or more of their major life activities AND are unable to use mass transit without special planning, design, or facilities. A principal diagnosis from the DSM IV classification in one of the following areas is required for eligibility: Organic Mental Disorders, Schizophrenic Disorders, Paranoid Disorders, Psychotic Disorders not elsewhere classified, Dissociative Disorders, Psychological Factors affecting physical condition, and Post-Traumatic Stress Syndrome. ***PATIENT <u>MUST</u> HAVE A GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE OF <u>50 OR BELOW</u>**	14. Licensed physician (MD or DO), Licensed psychologist*, or licensed psychiatrist*
15. DISABLED VETERAN. Certified at 50 percent or greater.	15. Licensed physician (MD or DO) or podiatrist
16. OTHER DISABILITY. Any other temporary or permanent disability that would significantly affect the applicant's ability to effectively use mass transportation services or a mass transportation facility without special facilities, planning, or design.	16. Licensed physician (MD or DO) or podiatrist
17. LEARNING DISABILITIES: An individual has a significant learning, perception, and/or cognitive disability **<u>which results in a reduced capacity to perform actions necessary for use of MTS's regular fixed-route services without receiving special training.</u>** Some conditions are **excluded** from eligibility, such as attention deficit disorder (ADD or ADHD), dyslexia, and lack of English proficiency. A specific diagnosis is required. (See footnote 3 on page 6)	17. Licensed physician (MD or DO), licensed psychologist*, licensed psychiatrist*, or *certified school psychologist *****Specific health care professional accepted to complete and sign this application

Explanation of Reduced-Fare Benefits for Individuals with Disabilities

As a recipient of federal funding, San Diego Metropolitan Transit System (MTS) is required, during nonpeak hours, to provide a discount fare to elderly and "handicapped persons" at a rate of not more than 50% of the regular, peak fare. Under this discount fare program, a "handicapped person" is defined as:

> "… those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected."

(See 49 U.S.C. § 5307(d) (reduced-fare requirement); 49 C.F.R § 609.23 (reduced-fare requirement); 49 C.F.R. § 609.3 (definition of "elderly and handicapped persons"). **Reduced fares are only provided to individuals with a qualifying medical disability. Reduced fares are not provided for socioeconomic purposes.**

Please note that pregnancy, obesity, drug or alcohol addiction, and certain other conditions, taken alone, do not qualify as disabilities eligible for MTS's reduced-fare program. (See 49 C.F.R. § 609, Appendix A). Federal transit laws provide for a reduced fare only to individuals with a disability that both meets the definition of a disability under the Americans with Disabilities Act (see 49 C.F.R. § 37.3 definition of "Disability") and meets the requirement that because of the disability, the individual is unable, without special facilities, planning, or design, to utilize MTS's transit facilities or services as effectively as individuals without a disability. This means that an individual with a recognized disability may fall under the civil rights protections for access to transportation services but will not qualify for a reduced fare. (Compare 49 C.F.R. § 609.3 with 49 C.F.R. § 37.3.)

Therefore, to qualify for a reduced fare, the qualifying disability must result in a reduced capacity to perform actions necessary for the use of MTS regular fixed-route services without receiving special training or assistance. If the diagnosis listed on the Application does not clearly meet this standard, the certifying health care professional will be asked to provide a narrative description identifying the specific features of MTS fixed-route services that the applicant cannot use without special training or assistance. The "special training or assistance" must be different than the orientation required for all first-time users (disabled and nondisabled) of public transit. State law further extends the benefits of the federal reduced-fare program to the following individuals:

(1) An individual who by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including, but not limited to, any individual confined to a wheelchair, is unable, without special facilities or special planning or design, to utilize public transportation facilities and services as effectively as a person who is not so affected (see Cal. Pub. Util. Code § 99206.5);

(2) An individual who has lost, or has lost the use of, one or more lower extremities or both hands, or who has significant limitation in the use of lower extremities, or who has a diagnosed disease or disorder which substantially impairs or interferes with mobility, or who is so severely disabled as to be unable to move without the aid of an assistant device (see Cal. Veh. Code § 295.5(a));

(3) An individual who is blind to the extent that the person's central visual acuity does not exceed 20/200 in the better eye, with corrective lenses, as measured by the Snellen test, or visual acuity that is greater than 20/200 but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees (see Cal. Veh. Code § 295.5(b));

(4) An individual who suffers from lung disease to the extent of any of the following:

   a. The individual's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter.
   b. The individual's arterial oxygen tension (pO2) is less than 60 mm/Hg on room air while the person is at rest (see Cal. Veh. Code § 295.5(c));

(5) An individual who is impaired by cardiovascular disease to the extent that the person's functional limitations are classified in severity as class III or class IV based on upon standards accepted by the American Heart Association (see Cal. Veh. Code § 295.5(d));

(6) A "disabled veteran," which means any individual who, as a result of injury or disease suffered while on active service with the armed forces of the United States, suffers any of the following:

a. Has a disability which has been rated 100 percent[1] by the Department of Veterans Affairs or the military service from which the veteran was discharged, due to a diagnosed disease or disorder which substantially impairs or interferes with mobility.
b. Is so severely disabled as to be unable to move without the aid of an assistant device.
c. Has lost, or has lost the use of, one or more limbs.
d. Has suffered permanent blindness, as defined in Section 19153 of the Welfare and Institutions Code. (see Cal. Veh. Code § 295.7.)

(See Cal. Pub. Util. Code § 99155(b) extending reduced fare transit benefits to the above-listed individuals.)

A temporary disability is defined as a qualifying disability (meeting the standards set forth above), which lasts more than 90 days. (See 49 C.F.R. §609, Appendix A, Question 2 and Cal. Pub. Util. Code § 99206.5.)

An individual can prove eligibility for a reduced fare under this program by any one of the following:

(A) Proof of a federal Medicare identification card.
(B) Proof of a disabled placard or identification card issued by the California Department of Motor Vehicles.
(C) Current Social Security Insurance award letter.
(D) Proof of a North County Transit District disabled identification card.
(E) A certification on an MTS application form by a qualified health care professional that the individual meets the requirements listed above. (Submit with application to obtain a MTS disabled identification card).
(F) Current, signed letter from the Epilepsy Foundation.[2]
(G) Current, signed letter from the San Diego Center for the Blind.[2]
(H) Current signed letter from the San Diego Regional Center for the Developmentally Disabled.[2]
(I) Current Individualized Education Program (IEP) from school for disabled students.[3]

(See SANDAG Comprehensive Fare Ordinance § 10.3; MTS Ordinance No. 4, § 4.2(B); Cal. Pub. Util. Code § 99155.)

The List of Qualifying Disabilities included on MTS's Application for Reduced Fare is intended to identify disabilities that qualify for a reduced fare. This list is not intended to expand the list of individuals eligible for a reduce fare under state and federal law. MTS reserves the right to revise the List of Qualifying Disabilities at any time in order to conform its Reduced Fare Program to the requirements of state or federal law.

1 MTS goes beyond this requirement and accepts veterans' disability ratings of 50 percent or greater.

2 If submitting a letter pursuant to options (F), (G) or (H) above, the letter must contain a certification equivalent to the one contained in the Physician's Statement of Medical Disability Eligibility (page 2 of the MTS Reduced Fare Application) and must be signed by the type of physician or specific licensed health care professional identified on the List of Qualifying Disabilities (page 4 of the MTS Reduced Fare Application).

3 An IEP can only be submitted to support a disability qualifying under Category 17 LEARNING DISABILITIES on the List of Qualifying Disabilities. The MTS Application for a Reduced Fare must be signed by a licensed medical doctor, licensed psychologist, or licensed school psychologist. Please refer to the description of a qualifying learning disability. Not all students on an IEP will qualify for an MTS reduced fare. The learning disability must result in a reduced capacity to perform actions necessary for the use of MTS regular fixed-route services without receiving special training or assistance. If the IEP does not clearly support this finding, the school psychologist will be asked to provide a narrative description identifying the specific features of MTS fixed-route services that the student cannot use without special training or assistance. The "special training or assistance" must be different than the orientation required for all (disabled and non-disabled) first-time users of public transit.